

Name
in
Full


CERTIFICATE OF DEATH

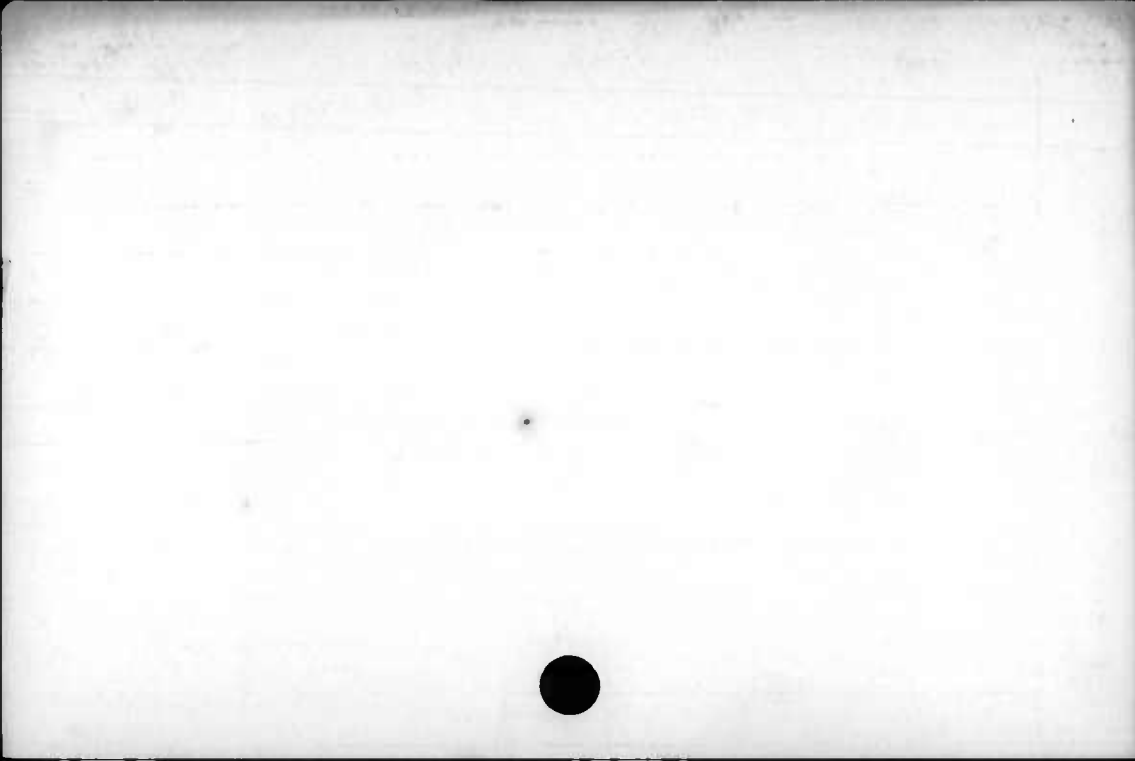
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Denton</i> ^{Town} <i>md</i> ^{County} <i>Caroline</i>		MARYLAND			
Date of death 1903	Month <i>Feb</i>	Day <i>9</i>	Age <i>50</i>	Months <i>6</i>	Days <i>3</i>
Sex <i>male</i>	Color or Race <i>White</i>	Birth-place <i>Maryland</i>			
Married, Single or Widowed <i>Single</i>		Occupation <i>Merchant</i>			
Name of Wife or Husband <i>None</i>					
Father's Name <i>Moses Buttr</i>			Father's Birthplace <i>Delaware</i>		
Mother's Maiden Name <i>Elizabeth J. Stearns</i>			Mother's Birthplace <i>Delaware</i>		
Name of person giving information <i>Alie Buttr</i>			How related to deceased <i>Brother</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Consumption</i>	How long <i>3 months</i>
Immediate <i>General Debility</i>	How long <i>2 months</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>W.R. Fisher</i>
	Address <i>Denton Md</i>
	Accident or Suicide?



Name
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CERTIFICATE OF DEATH

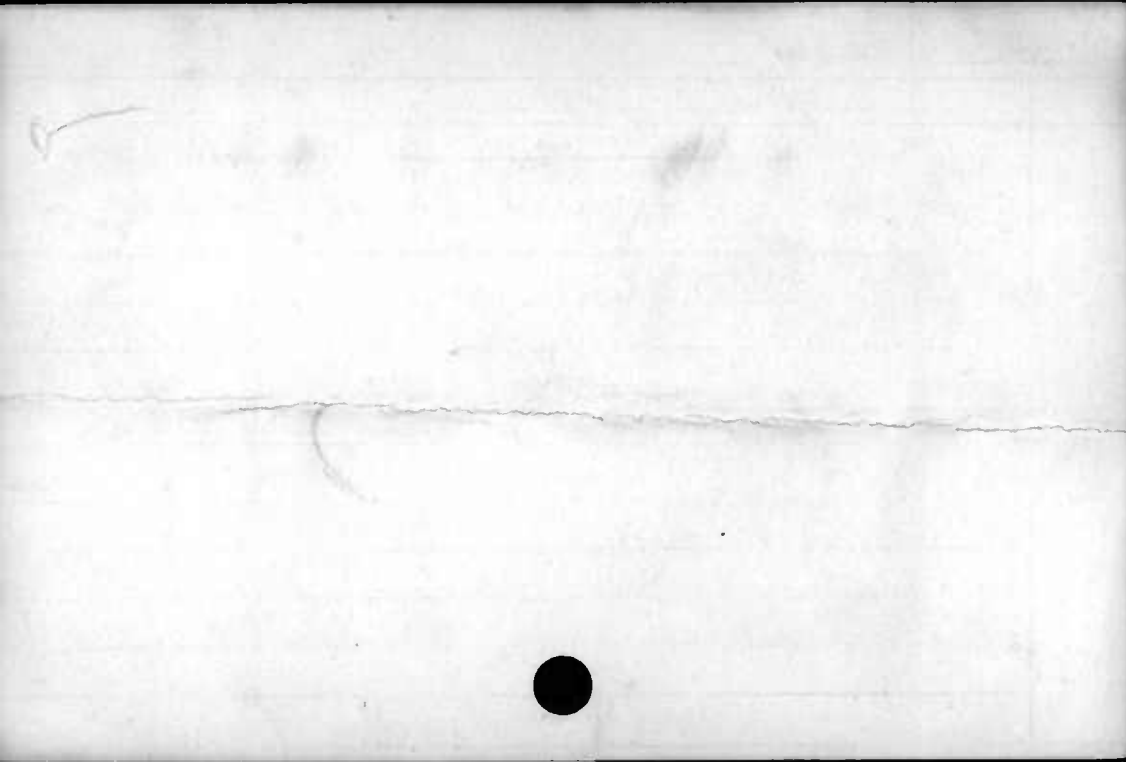
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town <i>Hobbs</i>		County <i>Caroline</i>		MARYLAND	
Date of death 190 <i>8</i>		Month <i>Feb.</i>	Day <i>Thurs.</i>	Age <i>74</i>	Years <i>74</i>		Months <i>9</i>
Sex <i>male</i>		Color or Race <i>white</i>		Birth- place <i>Delaware</i>			
Married, Single or Widowed <i>widowed</i>		Occupation <i>Retired. Captain</i>					
Name of Wife or Husband							
Father's Name <i>James Kendal Calloway</i>				Father's Birthplace <i>Delaware</i>			
Mother's Maiden Name <i>Elizabeth Windsor</i>				Mother's Birthplace <i>"</i>			
Name of person giving In formation <i>Maranda C. Holbrook</i>				How related to deceased. <i>Daughter</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Cancer of neck</i>	How long <i>Several years</i>
Immediate <i>General Debility</i>	How long <i>Several Weeks</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>P. P. Fisher</i>
	Address <i>Deaton</i>
Accident or Suicide? <i>No</i>	<i>med</i>



Name
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Roland Cannon

CERTIFICATE OF DEATH

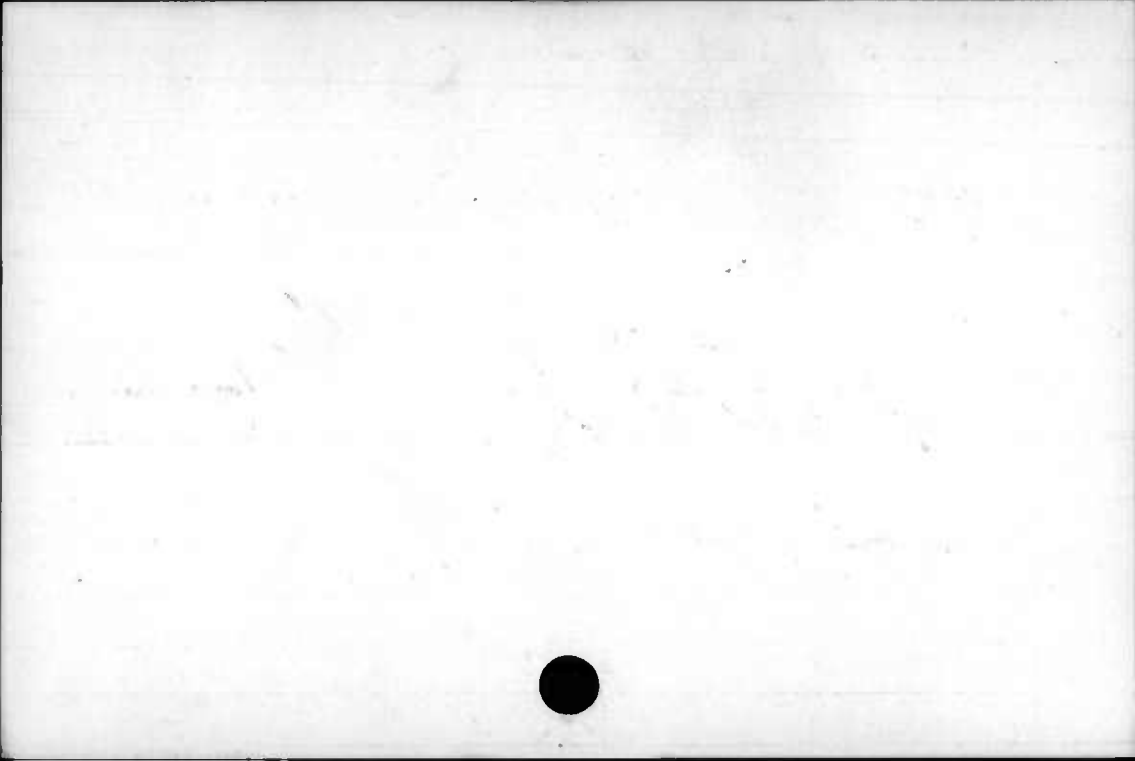
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Federalburg</i> ^{Town}		<i>Caroline</i> ^{County}		MARYLAND	
Date of death 190 <i>3</i>	<i>Feb</i> ^{Month}	<i>9</i> ^{Day}	Age <i>97</i> ^{Years}	<i>3</i> ^{Months}	<i></i> ^{Days}
Sex <i>male</i>	Color or Race <i>black</i>		Birth-place <i>md</i>		
Married, Single or Widowed <i>—</i>			Occupation <i>—</i>		
Name of Wife or Husband <i>—</i>					
Father's Name <i>Steven Cannon</i>			Father's Birthplace <i>md</i>		
Mother's Maiden Name <i>Rosie Jenkins</i>			Mother's Birthplace <i>md</i>		
Name of person giving information <i>Father</i>			How related to deceased <i>—</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Bronchitis</i>	<i>90</i>	How long <i>1 week</i>
Immediate <i>—</i>	<i>—</i>	How long <i>—</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>R Kemp Jefferson</i>	
<i>—</i>	Address <i>Federalburg md</i>	
Accident or Suicide? <i>—</i>	<i>—</i>	



Name in Full		CERTIFICATE OF DEATH				
TO BE ANSWERED BY NEAREST FRIEND		Died at <i>near Ridge</i> <small>Town</small>		County <i>Caroline</i>		
		Date of death 1903		Month <i>2</i>	Day <i>26</i>	Age <i>1</i>
		Sex <i>Boy</i>		Color or Race <i>Negro</i>		Birth-place <i>Caroline Co</i>
		Married, Single or Widowed		Occupation		
		Name of Wife or Husband				
		Father's Name		Father's Birthplace		
		Mother's Maiden Name		Mother's Birthplace		
		Name of person giving information		How related to deceased		
<div style="text-align: center;">CAUSES OF DEATH</div>						
PHYSICIAN OR CORONER		Primary <i>Deep Cold</i>		How long <i>Two weeks</i>		
		Immediate <i>Choking</i>		How long <i>one week</i>		
		Are the name, age, sex, color, date and place correctly given above?		Signature of Physician		
		Address				
Accident or Suicide?						



Name
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CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at *Federalburg* ^{Town}*Caroline* ^{County}Date of death 1903 *Feb* ^{Month} *6* ^{Day}Age *62* ^{Years}

Months

Days

Sex *male*Color or Race *white*Birth-place *Pa.*Married, Single or Widowed *Widowed*Occupation *Lawyer*

Name of Wife or Husband

Father's Name

Father's Birthplace

Mother's Maiden Name

Mother's Birthplace

Name of person giving information

How related to deceased

CAUSES OF DEATH

Primary

*Asthma**97*

How long

One year

Immediate

Are the name, age, sex, color, date and place correctly given above?

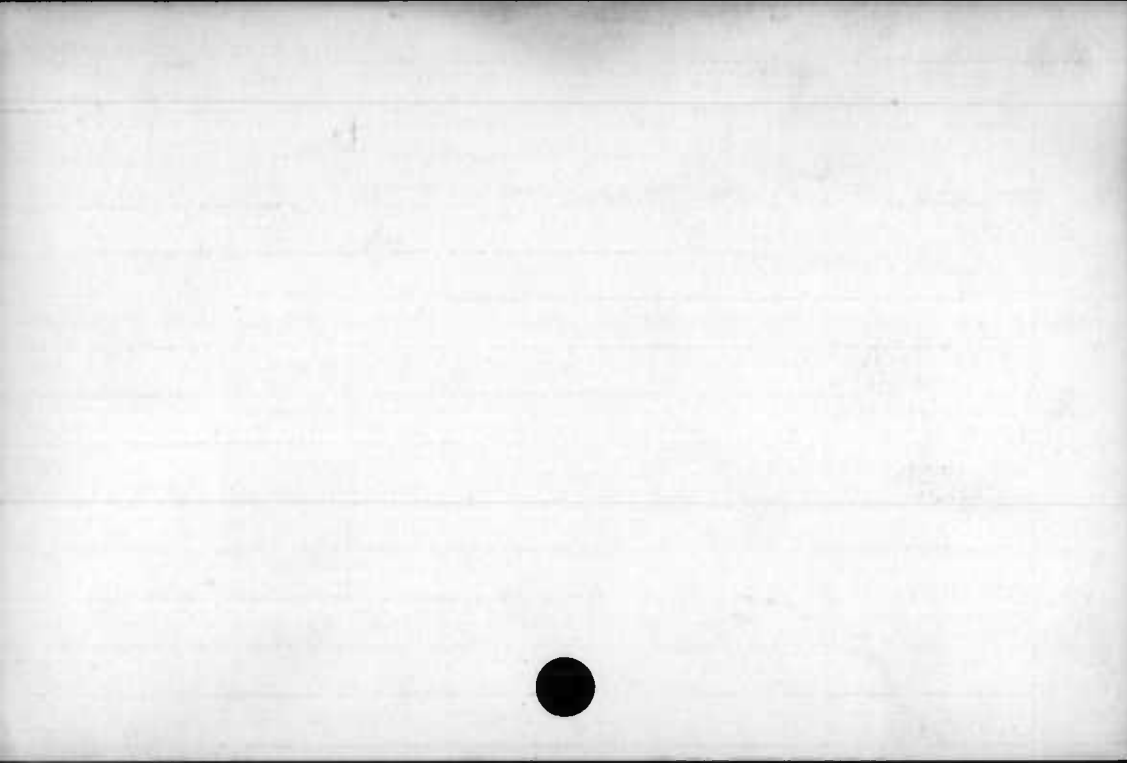
yes

Signature of Physician

Address

*R Kemp Jefferson**Federalburg Md*

Accident or Suicide?



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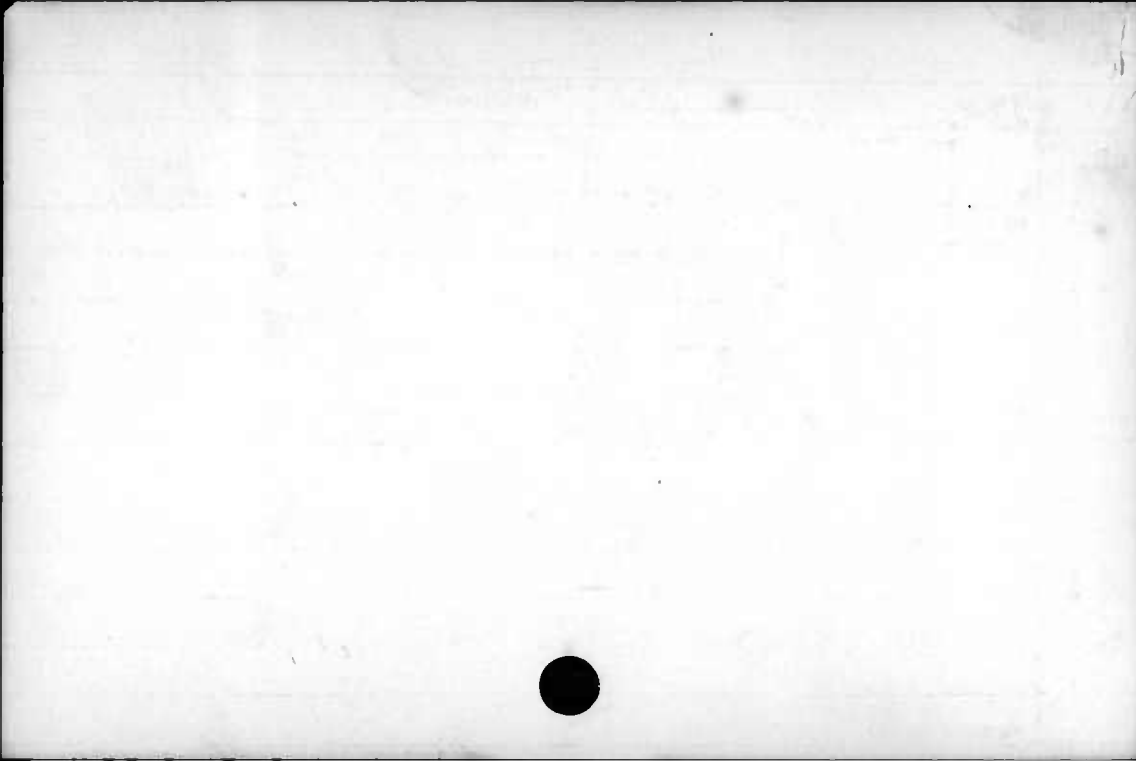
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Howling Creek</i>		Town <i>Howling Creek</i>		County <i>Caroline</i>		MARYLAND	
Date of death 1903	Month <i>Feb.</i>	Day <i>6</i>	Age <i>1</i>	Years	Months <i>4</i>	Days <i>2</i>	
Sex <i>male</i>	Color or Race <i>white</i>		Birth-place <i>md.</i>				
Married, Single or Widowed			Occupation <i></i>				
Name of Wife or Husband <i></i>							
Father's Name <i>Cotter Joseph</i>				Father's Birthplace <i>Delaware</i>			
Mother's Maiden Name				Mother's Birthplace <i>Pa.</i>			
Name of person giving information <i>Mattie Joseph</i>				How related to deceased <i>mother</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Croup</i>	How long <i>24 hours</i>
Immediate <i>Suffocation</i>	How long <i>immediate</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>John D. Sadler</i>
<i></i>	Address <i>Howling Creek md.</i>
Accident or Suicide?	



Name
in
Full

William Siger

CERTIFICATE OF DEATH

Town

County

MARYLAND

Died at

Date

Oct 16

Month

Oct

Day

16

Years

Age 50

Months

Days

Sex

Color or
Race

Black

Birth-
place

Ruth Bury Mary

Married, Single
or Widowed

Married

Occupation

Farming

Name of Wife or
Husband

Sarah Siger

Father's
Name

Bill Siger

Father's
BirthplaceMother's
Maiden Name

Margaret Siger

Mother's
BirthplaceName of person giving
Information

Sarah Siger

How related
to deceased

93

CAUSES OF DEATH

Primary

Pneumonia

How long

1 week

Immediate

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

Address

O. P. March
Denton
Maryland

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name in Full

Certificate of Death

Mary M Waldron

Town

County

Died at

New Preston

Caroline

MARYLAND

Date 19

03

Month

Day

Feb 8

Y.

M.

D.

Native of

Occupation

Age

7

Md.

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband

of

Wife

Father's

Name

Daniel S Waldron

Mother's

Maiden Name

Selina E' Land

Cause of

Primary

Catarrh of Bowels

How long sick

3 days

Death

Immediate

exhaustion

Accident, Suicide, Homicide

Reported by

J. L. Toole M.D.

Address

Preston

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Md.

LIBRARY BUREAU, 79898



Name
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CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Denton</u> Town		<u>Caroline</u> County		MARYLAND	
Date of death 190 <u>3</u>	Month <u>Feb</u>	Day <u>25</u>	Years <u>—</u>	Months <u>9</u>	Days <u>—</u>
Sex <u>Female</u>	Color or Race <u>White</u>		Birth-place <u>Ind</u>		
Married, Single or Widowed <u>—</u>			Occupation <u>None</u>		
Name of Wife or Husband <u>—</u>					
Father's Name <u>J. O. Wilson</u>			Father's Birthplace <u>Ind</u>		
Mother's Maiden Name <u>Elizabeth Wilson</u>			Mother's Birthplace <u>Del</u>		
Name of person giving information <u>J. O. Wilson</u>			How related to deceased <u>Father</u>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>General debility</u>	How long <u>9 mos</u>
Immediate <u>None</u>	How long <u>—</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>P. B. Fisher</u>
	Address <u>Denton</u>
Accident or Suicide? <u>—</u>	

